



# County of Solano

## Contract Review Worksheet

Electronic Signatures only

Contract Number:  
(Dept., Division, FY, #)  
Authority:  
 Dept Head Execute  
 CAO Execute  
 BOS Approval Required

**NOTE: Please review all instructions on the back of this worksheet before you begin processing.**

1. Department/Division: <b>Sheriff's Office</b>		2. Date: <b>6/11/25</b>	
3. Contract Administrator: <b>John Cardenas</b>		4. Phone Ext: <b>6691</b>	
5. Contract Attributes:		<input checked="" type="checkbox"/> Amendment/Change Order Amendment/Change Order Number <b>7</b> Contract No: _____ Date: <b>6/30/25</b> Please attach copies of original/amendments	
<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue  <input type="checkbox"/> Intergovernmental <input checked="" type="checkbox"/> Personal/Professional Svcs <input type="checkbox"/> Purchase of Goods <input type="checkbox"/> Lease <input type="checkbox"/> Construction <input type="checkbox"/> Other		<input type="checkbox"/> Original Bid/RFP Required? <input type="checkbox"/> YES <input type="checkbox"/> NO Sole Source Contract? Bid/RFP No: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ Please attach copy of Bid/RFP or justification.	
6. Description of Contract: <b>Substance Abuse Services</b>		7. Name of Contractor: <b>Healthright360</b>	
8. EIN _____ SSN _____			
9. Is Contractor a California Public Pension Plan Retiree? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes: Name of Public Pension Plan: _____ Date of Retirement: _____			
10. Does Contractor have a personal relationship in a direct line of supervision in your Department? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please describe relationship: _____ Does Contractor have a personal relationship with someone in another Department? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please provide Department and describe relationship: _____			
11. Has County contracted with Contractor previously during this fiscal year? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Please list County department if other than the department listed on number 1 above. _____			
12. Effective Date: Original Contract: <b>2/12/18</b> This amendment: <b>6/30/25</b>		13. Termination Date: <b>6/30/26</b> By this amendment: _____	
14. Contract Budget:		15. Payment Terms:	
Original Contract Amount: \$ <b>74,801</b>		<input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Arrears <input type="checkbox"/> Quarterly <input type="checkbox"/> Fixed <input type="checkbox"/> Progress <input type="checkbox"/> Actual <input type="checkbox"/> Other <input type="checkbox"/> Estimate	
Total of Previous Amendments: \$ <b>2,325,199</b>		16. Source of Funds:	
Current Amendment: \$ <b>559,745</b>		<input type="checkbox"/> Fed/State Grant <input type="checkbox"/> Fed/State Funding <input type="checkbox"/> County Specify: <b>Inmate Welfare Fund</b> _ Fed Catalog No: _____ State Legislation: <input type="checkbox"/> AB <input type="checkbox"/> SB _____	
Total Amount of Contract \$ <b>2,959,745</b>			
17. Fund: <b>026</b> Budget <b>8611</b> Unit: _____ Sub-object: <b>0002245</b>		18. Current Appropriation Sufficient? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19. Proposed Board of Supervisors Agenda Date, if required. Please attach agenda summary and ATR request. <b>6/24/25</b>			
20. Remarks			
21. Signature Route:			
<u>John Cardenas</u> <small>John Cardenas (Jun 11, 2025 17:46 PDT)</small> Department Contract Administrator <b>John Cardenas</b> Email <b>JMCardenas@SolanoCounty.gov</b>		HR Analyst (for Contract Employees) or General Liabilities (for insurance changes) _____ Email _____	
<u>Jeff Liddicoat</u> <small>Jeff Liddicoat (Jun 12, 2025 07:07 PDT)</small> Contractor Signatory Name (Informational only) _____ Email _____ Department Head or Designee <b>Jeff Liddicoat</b> Email <b>JLiddicoat@SolanoCounty.gov</b>		<u>Tami Lukens</u> CAO Analyst <b>Tami Lukens</b> Email <b>TDLukens@SolanoCounty.gov</b>	
<u>Michael McDonald</u> County Counsel Reviewer <b>Michael McDonald</b> Email <b>MEMcDonald@SolanoCounty.gov</b>		<u>William Emlen</u> <small>William Emlen (Jun 30, 2025 16:19 PDT)</small> Authorizing Signature (CAO/DH) <b>Bill Emlen</b> Email <b>WFEmlen@SolanoCounty.gov</b>	



**SEVENTH AMENDMENT TO STANDARD CONTRACT  
BETWEEN COUNTY OF SOLANO  
and  
HEALTHRIGHT360**

This Seventh Amendment is made on June 30, 2025, between the **County of Solano**, a political subdivision of the State of California (“County”) and **HealthRIGHT360** (“Contractor”).

1. Recitals

- A. The parties entered into a contract dated February 12, 2018 (the “Contract”) as amended by the First Amendment, dated July 1, 2018, the Second Amendment, dated June 30, 2021, the Third Amendment, dated June 30, 2022, the Fourth Amendment, dated June 30, 2023, the Fifth Amendment, dated May 1, 2024, and the Sixth Amendment dated June 30, 2024, in which Contractor agreed to provide programming services that reduce substance abuse relapse and criminal behavior recidivism in Solano County adult detention facilities.
- B. The County now needs to increase the amount of the Contract and extend the term.
- C. This Seventh Amendment represents an increase of \$559,745 and a one-year extension.
- D. The parties agree to amend the Contract as set forth below.

2. Agreement

A. Term of the Contract

Section 2 is deleted in its entirety and replaced with:

The term of this Contract is February 12, 2018 through June 30, 2026.

B. Amount of Contract

Section 3 of the Standard Contract is deleted in its entirety and replaced with:

The maximum amount of this Contract is \$2,959,745

C. Budget

- 1. The first sentence in Section 3.A. of Exhibit B is amended to add:  
Contractor’s proposed budget effective July 1, 2025, has been accepted by the County.
- 2. Exhibit B-1 Program Budget is deleted in its entirety and replaced with Attachment A.

3. Effectiveness of Contract

Except as set forth in this Seventh Amendment, all other terms and conditions specified in the Contract remain in full force and effect.

<b>HEALTHRIGHT360</b>	<b>COUNTY OF SOLANO</b>
By <u><i>Vitka Eisen</i></u> <small>Vitka Eisen (Jun 12, 2025 11:22 PDT)</small> VITKA EISEN, MSE, Ed.D, PRESIDENT & CEO	By <u><i>Bill Emlen</i></u> <small>William Emlen (Jun 30, 2025 16:19 PDT)</small> BILL EMLEN, COUNTY ADMINISTRATOR
Approved as to Form:	
By <u><i>Michael McDonald</i></u> COUNTY COUNSEL	

Exhibit B-1  
Program Budget

	<b>FY 2025/26</b>
<b>A. Personnel</b>	
Program Manager (1.0 FTE)	\$87,360
SUD Counselor (3.0 FTE)	\$244,632
Subtotal Wages	\$331,992
Fringe Benefits (39%)	\$129,477
<b>Total Personnel</b>	<b>\$461,469</b>
<b>B. Operating Expenses</b>	
Storage	\$1,524
Professional Purchase Services	\$13,520
Communication	\$885
Supplies	\$4,700
Travel	\$1,744
Training	\$2,893
<b>Total Operating Expenses</b>	<b>\$25,266</b>
<b>C. Indirect Costs (15%)</b>	
<b>Total</b>	<b>\$559,745</b>

# AM7 between HR360 and Sheriffs Office

Final Audit Report

2025-06-30

Created:	2025-06-12
By:	John Cardenas (JMCardenas@SolanoCounty.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAndwxf-7mQ9RWxWIVUeMdLd03q8053KbP

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-  Document created by John Cardenas (JMCardenas@SolanoCounty.gov)  
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-  Document emailed to Claire A (contracts@healthright360.org) for signature  
2025-06-12 - 3:35:54 PM GMT
-  Email viewed by Claire A (contracts@healthright360.org)  
2025-06-12 - 6:20:54 PM GMT
-  Signer Claire A (contracts@healthright360.org) entered name at signing as Vitka Eisen  
2025-06-12 - 6:21:58 PM GMT
-  Document e-signed by Vitka Eisen (contracts@healthright360.org)  
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Signature Date: 2025-06-30 - 11:19:49 PM GMT - Time Source: server

 Agreement completed.

2025-06-30 - 11:19:49 PM GMT